

St. Peter the Apostle Church  
CCD Registration Form

**Student Contact Information**

Student Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Primary Contact \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Student's Physical Address: \_\_\_\_\_  
 Student's Mailing Address: \_\_\_\_\_

**Parental Information**

Father's Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Mother's Full Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Religion: \_\_\_\_\_  
 Emergency Contact (Other than Parent): \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Emergency Contact (Other than Parent): \_\_\_\_\_ Relation: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Any information concerning allergies, physical, social, or learning disabilities, family situations, personal problems, etc, which could better enable us to help your child? \_\_\_\_\_

**Student History**

Last CCD grade completed: \_\_\_\_\_ School Grade: \_\_\_\_\_ Year: \_\_\_\_\_ School: \_\_\_\_\_  
**Sacraments Received by Child** (If your child has not made their First Communion and was Baptized outside of St. Peter the Apostle Church Parish, you must submit a copy of their Baptismal Certificate.)  
**Baptism** Church: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
**First Communion** Church: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_  
**Confirmation** Church: \_\_\_\_\_ Location: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteers are always welcome! If you are considering helping as a Catechist, Co-Catechist, substitute, special event aide or in any other way please check the box below!

Yes! Please contact me as a volunteer!!!

<b>Registration Fee for 1 Child = \$25.00.</b>	One Child: <u>\$25.00</u>
<b>Each additional Child = \$15.00</b>	____ Additional children x
<b>Late Fee per Child = \$10.00</b>	\$15.00: _____
<b>(After July 31, 2017)</b>	Late fee: _____
	Total: _____
Cash _____	Check _____
	Check # _____
Paid on: _____	